

PROCESS RECEIPT AND RETURN

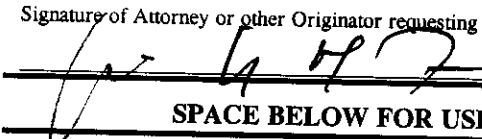
PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-11555-NMG	
DEFENDANT \$7,000.00 in U.S. Currency, and \$8,000.00 in U.S. Currency		TYPE OF PROCESS Complaint and Warrant & Monition	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John J. Bonistalli, Esquire		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) Law Offices of John J. Bonistalli, One Financial Center, Boston, MA 02111		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
Jennifer H. Zacks, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number of parties to be served in this case	
		Check for service U.S.A.	

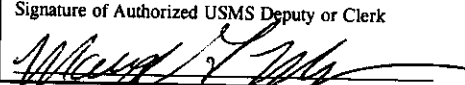
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Verified Complaint and Warrant & Monition upon the above-referenced individual by certified mail, return receipt requested.

KBW x3364

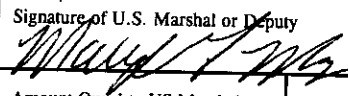
04-DEA-428202

Signature of Attorney or other Originator requesting service on behalf of : 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE Aug 5 2004
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>8/6/04</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service <u>8/16/04</u>	Time am pm
				Signature of U.S. Marshal or Deputy 	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or Amount or Refund

REMARKS: 8/6 Certify # 7002 0510 0004 3543 8170
Delivery - No date

(4)

PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT